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LATIN PRESCRIPTIONS.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE been much amused by your recently published extract from Douglass Jerrold,* although a custom which I esteem essentially necessary to the medical profession is the butt at which his satirical pen has been made to direct its arrows. Jerrold is indeed a most talented writer, and his wit, which is of the Hood school, sparkles and bubbles out from the whole surface of the sentiment. He possesses eminently the faculty of making whomsoever and whatever he strikes at feel keenly the lash under which they are writhing, and by seasonably magnifying apparent follies, and keeping carefully out of view the real utility of any habit or custom, that may be falling under his merciless censure, he presents a distorted picture, and excites your laughter at a caricature, instead of convincing you of the reality of an existing deformity by a fair and truthful representation.

In the extract above alluded to, he complains that our prescriptions are difficult to read, as difficult even as Egyptian hieroglyphics, inscriptions on Etruscan vases, or "the contemporary pot hooks and hangers wherewith John Chinaman labels his tea boxes;" that they are written in Latin, a language, in the purity of which we ourselves are ignorant; and hence, that when scratched down, they are a mongrel of Latin and English, or rather taken out of the English, and put into no language in particular; and that while we make our poor patients swallow our "nasty stuffs," indulging in a system of most refined cruelty, we insist on calling them "barbarous names to boot," thus making them nauseous not only to the natural, but horridly revolting to the more refined intellectual taste: and what is more than all to be condemned, this unmitigated cruelty upon the poor suffering intellectual palates of our modern reformers, is inflicted for the sole purpose of covering up our doings in a cloud of mystery, and keeping up that system of humbuggery which has been characteristic of our profession time out of mind. He finally closes by, in the kindness of his heart, advising us to drop these "the last links which connect science with nonsense—the Doctor with the Diddler family"—tells us the people are not Romans, but Englishmen, and recommends us to write as we speak. We are also informed (editorially) that "some of the most distinguished practitioners of England are giving the praiseworthy

* See page 439, Vol. XXXIII. of this Journal.

example of having their prescriptions in plain English, which every apothecary boy can read;" and also, "a few are attempting to revolutionize the language of prescriptions here, but without much vigorous effort."

The reform thus proposed—or rather the change, for as yet it is uncertain whether it would really constitute a reform—if once set about by the magnates of the profession, in good earnest, would not probably be confined to the mere language of prescriptions, but would rather extend to all technical language. The nomenclature of the whole curriculum of professional study—anatomy, physiology, nosology, chemistry, &c., which are mostly constructed out of the Latin and Greek languages—would necessarily fall under the ban of modern radicalism, and would have to be translated into English; for the taste that revolts at the barbarity of calling a dose of Epsom salts *sulph. mag.*, would be horror-struck when told that it had all its life long been lugging about the sonorous cognomen of *levator labii superioris alæque nasi*, attached with all its ponderosity to a small bundle of muscular fibres on the face; and the mind that is so obtuse as to discover no difference between the intelligence that gives its directions for dispensing medicines in conventional abbreviations, and that which would attempt to cure disease through the influence of cabalistic words, &c., would find it at least as difficult to understand the meaning of *endosmos*, *exosmos afferent* or *efferent*, as of *ol. ric.*, *crass. mane*, or *fiat haustis*.

Before consenting, however, to reduce medical language (we will not pretend that it is pure Latin) to a perfect Babel, or even to change that of prescriptions to English, it will not only be necessary to inquire whether the objections here urged be really valid, but also to count the cost of the operation.

With regard to its being insulting and disgusting to the patient, that the apothecary has made up the draught that he is about to swallow from a Latin prescription, a language of which he is presumed to be ignorant, it need only be said that it is a subject in which he is about as much interested as the numerous readers of Douglass Jerrold's spirited essays are in the chirography of his manuscripts. Yet no doubt many patients feel a curiosity to know what these significant marks and abbreviations mean, and few gentlemen in the profession refuse to gratify it, when requested, however absurd they may consider the spirit that prompts it; their object being to convey their directions accurately and concisely to the apothecary, instead of blinding or mystifying the patient. True, the practice of appending directions for the administration of the medicine in abbreviated Latin, as *crass. mane*, or *mist. hora somne*, should be dispensed with here, where the physician directs the patient and nurse, instead of advising the apothecary and leaving this part for him to direct, as is the case in England.

But can we dispense with a technical language in prescriptions, or in other departments of the science? I answer that we cannot, and if we cast off the Latin at the beck of radicalism—if we do consent to strip our science naked and expose her to the coarse jest of vulgar prejudice, still will she again clothe herself, if it be only with the primitive fig leaf.

Peculiarity of ideas begets, necessarily, peculiarity of expression, and no matter in what language these peculiar ideas be expressed, they will be in Latin or Greek to the uninitiated. No profession or calling have ever been able to do without a technical language; and in no other than medicine, has the construction of this language from the Latin or Greek, been esteemed as an evidence of a desire to clothe in mystery the principles of the art. The law, the sciences of music, painting, architecture, all have their peculiar language, and even the open and manly employment of agriculture, in which no one, I believe, has ever dreamed of humbuggery or mystification, is not entirely free from the crime of borrowing many of its terms from the Latin or Greek language. Indeed, among our intelligent yeomanry it is not at all uncommon to hear a disquisition upon the identity of *ulmin*, *humus* and *geine*, or on the nature of *crenic* and *apocrenic* acids.

And what is there wrong in all this? Surely nothing! Things, whether the subjects of any particular science or not, must have names, and from whatever language these are borrowed, they will be somewhat difficult to learn at first, yet by use they become familiar, and in a little time we hardly know them from legitimate instead of adopted children—from part and parcel of the English language. Thus cream of tartar, though English to our modern ears, was as much Latin when first introduced among us, as its more modern successor, *bitart. potassa*, is at present; and Paracelsus, who undoubtedly felt as much shocked at its primitive heathen cognomen as Jerrold is by its more recent, kindly undertook, instead of finding fault with its introduction, to translate it for his generation, and to this end tells them that "it is called tartar because it produces oil, water, tincture, and salt, which burn the patient as hell does."

There are many strong reasons why we can never give up our medical language, and especially that of prescriptions, and come down to the *plain English*. True, we are aware that our patients are not Romans, but generally Englishmen, as far as language is concerned; yet it is not our peculiar province to talk for them, but to cure them, and the science of medicine is not confined in its operation to the limits of the English language, nor is its cultivation confined exclusively to those who speak that language, but is co-extensive with the whole civilized world. Its interests are limited only by the confines of human organization, and its cultivators have very properly selected or formed a common language, which serves not only as a means of mutual interchange of sentiment, but also as a bond of union, a kind of universal parlance, in which all nations and kindreds and tongues can contribute to the general stock of medical science. This "no language in particular" is principally drawn from the Latin, a language not spoken by any nation at present, and hence not liable to those changes and mutations which must ever attach to the vernacular of a living people. Thus adopted, not only as the common language of the profession, but peculiarly that of prescriptions, a formula written in it will convey the same idea to every well-taught physician in the civilized world, and will procure the same remedy when handed to an intelligent apothecary, from the Bosphorus to the Oregon—from North Cape to Cape Horn.

Would it be thus were our prescriptions written in plain English? Without going beyond the confines of our own language—what should we write for Eupatorium perf.? Should it be *thoroughwort*, or *thoroughstew*, or *thoroughwax*, or *boneset*, or *vegetable antimony*, or *crosswort*, or *Indian sage*? by all of which names it is known in some of the various sections of the countries where the English language is spoken. Nor is this a solitary example; as almost every article which has been long in use as a medicine, whether of the vegetable or mineral kingdom, is known in different countries, speaking the English language, by different names.

The consequence, therefore, of attempting to revolutionize the language of prescription, must be to introduce confusion and uncertainty into our formulas, even within the narrow limits of our own language, without mentioning the difficulty that must attend communicating with individuals engaged in a similar pursuit, speaking and writing a different language. The invalid, who takes, perhaps, a well-tried prescription from his physician, when setting out on a tour in pursuit of health, will frequently find, when the railroad cars set him down at the end of his first day's journey, that he has travelled beyond all knowledge of his favorite formula; and the physician who attempts, when agrarianism shall have completed its triumph, to communicate the fruits of a rich experience, will feel that that experience must be confined to the narrow limits of his own neighborhood, unless he can command translators as numerous as Adelung found dialects among the aboriginal possessors of our own country.

By a most singular obliquity of human nature, Jerrold falls into the very error he condemns in us: and while writing exclusively for English readers, with a vanity hardly excusable, he introduces his Latin phrases; thus with the beam projecting from his own eye, he vainly attempts to pull out the mote that is in his brother's. If he wishes really to reform us, let him drop his *cui bono*, his *omne ignotum pro magnifico*, phrases that add nothing to either the sense or elegance of the article, and then, though we may not be convinced by the power of his reasoning, we will at least give him credit for purity of motive, and an anxious desire to benefit his fellows by ridding the world, and the medical profession particularly, of what he esteems a foolish and useless custom.

Buskirk's Bridge, N. Y., Feb. 6th, 1846. S. A. Cook.

OPTICAL ILLUSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

In a late No. of the Journal (No. 21, Vol. XXXIII), I gave some account of a remarkable state of illusive vision, experimented in my own person, during about fifteen weeks. But from a fear of drawing it out to an unreasonable length for publication, I not only omitted many of the most interesting appearances, but neglected to mention nearly all the circumstances which were calculated to open the way for rational investigation by those laws of order by which they were produced and governed.

As it respects my bodily sensations during my blindness, my greatest

suffering has been from a luminous or lighted up appearance in my eyes, somewhat like that of a person turning his face to the direct rays of the sun with the eyes moderately closed. This uneasy sensation usually continues from one to three days and nights, during which time, the appearance is of a uniform sheet of whiteness, attended by a weak sensation throughout the upper part of the head, as low down as the orbits of the eyes; often producing a degree of vertigo, requiring considerable caution to balance myself. The transition from this luminous state of the eye to an opposite extreme, or total darkness, was generally sudden, and took place during sleep; by which change I was always much relieved. But the intermediate shades were much more agreeable, in which the illusions appeared with the greatest distinctness. In all my inquiries into the nature and cause of these singular phenomena, if such they may be called, I have but one principal object in view, the advancement of science rather than any personal benefit I expect to derive from it. On my first being attacked with these strange aberrations, I suspected, according to the popular notions of the day, that there was some error in my habits of living. But I had not used tobacco in any form for ten years; and I drank no ardent spirit, except occasionally a weak compound tincture of aloes, made of one half water, to remove obstinate constipation. I was living at the time on rather high seasoned meat diet, which I immediately abandoned altogether, and not without some improvement as to my general feelings; but without any benefit in other respects.

My spectral illusions went on for two and a half months without interruption; and it may be added, that the weather was extremely cold at that time, and I was obliged to sit by a hot stove, which was very annoying to weak eyes. But my second attack commenced about the 20th of June, when the weather was quite temperate, and I was permitted to walk daily in the open air. I also rode out and visited my friends; but all to no purpose. I went through with nearly the same routine, but much more rapidly.

After due consideration of the circumstances which seem to have any bearing on the subject in question, I am convinced that mental illusions, in all their varieties and forms, originate in peculiar modifications of the affections of the mind, or living principle, and not in the disorganization of any part of the material body as a primary cause. Indeed, I know of no theory that can be established upon rational principles, to account for diseases of any kind, which do not have their origin in causes superior to nature. The manifestations of disease upon the organic form, are but the effects of the living principle within. For who cannot see the utter absurdity of a dead subject being attacked with the rheumatism, or asthma, or any other disease whatever. It appears, then, that the living principle must be at least implicated in the disease, whether its manifestation be in the intellectual or bodily organization.

Optical illusions appear to be somewhat nearly allied to dreaming, and perhaps still more so to mesmeric sleep. But to have any correct idea of these states, it is necessary to know what our state is during sound sleep; and also what it is while awake. That the understanding and

will, with their activities, are the faculties concerned, and constitute what is called the soul and spirit of man, is well known. A state of wakefulness is that when the affections of the will flow into the forms of ideas in the understanding, and fill them with life and rationality, and they become thoughts, and thence speech. But when the will, in a calm state of mind, withdraws itself from the understanding, thoughts cease, and sleep ensues; for it is the understanding that sleeps, the will being always awake to assist in sustaining the involuntary movements of the heart, lungs and other vital organs. Hence it is evident, that dreaming occurs while in a state between sleeping and waking; before the rational faculty is sufficiently aroused to secure an orderly arrangement in the association of ideas; while in mesmeric sleep, the understanding appears to be quiescent or suspended, and the will brought into subjection to the understanding and will of another person. Illusive vision is a modification differing from either of the above mentioned, as it occurs in a state of full wakefulness, and I believe always in such persons as are in the habit of intense thinking; whereby the understanding becomes so far elevated above the will, that the affections do not reach the superior forms of ideas, to fill them with life and reality, and hence they remain in the cerebrum, or about the extremity of the optic nerve. The idea perhaps may be better apprehended by comparing it to abortive seeds in certain exotic plants, which from some casualty have not received the prolific principle from the pollen necessary for their full development. This may account for the compound motion which has been heretofore mentioned, corresponding to the movement of the eyeball or whole head.

It is a fact admitted by scientific physicians, that there are some diseases of the human body, derived from a morbid state of the mental affections. Those disease which appear to arise from a disordered state of the moral faculty, exist from it, as effects flow from a cause; and in such cases the physician would not prescribe to the animal machine merely, but make his application to the source of disease, the morbid state of mind. This practice is not uncommon in cases of disordered mental affections. There are cases of diseased action in the human body, not obviously depending on any derangement of the moral faculty, wherein, after prescribing to the diseased state of body, physicians address the rational faculty, to remove apprehension of danger, or perhaps to beget confidence in the means employed to allay disease. But man, composed of spirit and matter, is not to be treated as a mere animal, destitute of intellectual powers and a moral faculty. This is in agreement, it is presumed, with the practice of humane, judicious and scientific physicians, who prescribing for patients with intention to remove bodily pains, think they have performed but a part of their duty when they neglect to administer to the rational principle, and apply remedies adapted to its state, as well as prescribe to the more apparent diseased organs of the body. This common practice implies, that organic diseases are attended with, and dependent on disordered affections of the mental powers, whether the principle be acknowledged or not.

The principles of life in man are so intimately connected with the vital

organs subservient to the existence of the body, if the last be in a state of disorder, the cause will be found in the first; for it appears to be an established law of Divine Order, that the influx of life flows in through the soul into the body, and not *vice versa*.

In conclusion, I would say, that if the premises here laid down are correct, for tracing diseases to their legitimate source, then we have arrived at the fountain, from the alembic of which, is distilled the very essence of all morbid affections. TRUMAN ABELL.

Lempster, N. H., Feb. 3d, 1846.

HOMŒOPATHY—REVIEW OF DR. LEONARD'S REMARKS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I do not take up my pen to enter into a discussion upon this subject generally; but as there are some points in Dr. L.'s article* which are worthy of comment, I presume there will be no objection to giving our views, as the writer and myself understand them differently, and there certainly will no harm arise from examining contested points in medicine, if it is done in a proper spirit. If I am wrong in what I have written on the subject, if I do not give the views of the homœopathic school generally who are the readers of this Journal, I hope they will jog my memory. That there is a misunderstanding of the doctrine of homœopathy (so called) by the profession generally, is certain; and that there is a growing desire to know what is held, is as certain. That it should be misunderstood by men of learning and ability who have paid little attention to the subject, is not strange, as it requires a critical examination both in principle and in practice, as does every really scientific subject, in order to come at the truth in regard to it.

The first part of Dr. L.'s article, in regard to a drunken man being relieved by more brandy—the process of shaking medicines, and small doses having more effect than large ones, I shall pass over, as I have recently given my views on those points in this Journal. I come to his "second objection to Hahnemannism," which is "a speculation based on hypothesis," &c., in which he intimates his belief that it is regimen and imagination which cure, and when these are not sufficient, strong doses are used. I judge, however, from what he has said, that his knowledge of the subject from actual critical observation (and none other is worth a rush) is as limited as his reading, or at any rate his knowledge must have been gained from bad sources. I am sure we regret, if he has seen such things, that he has not fallen into better hands in his investigations, that he should take up the exceptions instead of the rule. He says, "Homœopathy is but another name for quackery; others than doctors practise it. By purchasing a box and a book," &c. Now that it is quackery, is a mere assertion. If it is because families do their own prescribing, that is certainly extra professional practice, of which I was never very fond, but I can perceive no more harm or quackery in keeping a box of aconite, bel-

* See page 453, Vol. XXXIII.

ladonna, &c., and a book to match, than for families to keep calomel, opium, &c., with Buchan's or Coates's Domestic Practice. If he means that a man, by buying a book, sets himself up as a general practitioner, and assumes the responsibility of the lives of the sick without a medical education, I agree with him in its condemnation, and he probaby well knows that no one can have any fellowship in any way with the homœopathic fraternity until they have a degree or license to practise medicine. It is true that occasionally one may practise without, but they are held as quacks. Is not this true in the allopathic ranks? How many are there in our country who claim to be regular physicians, use opium, calomel, the lancet, &c., who have no moral right to practise? Let the school "that is without sin cast the first stone."

He says, "Many diseases present symptoms so varied that no medicine can be found that is capable of inducing similar phenomena—hence many disorders are incurable by homœopathic remedies." Still, if homœopathic remedies produce half the symptoms which their opponents hold up to ridicule, I know of no disease but what would be covered by them, and the patient too, head and ears! This difficulty is made much plainer by a little more study. It is not supposed, in a very complicated case, that every symptom will be removed instanter—several remedies may be necessary—but often in disease some of the symptoms are pathognomonic, peculiar, or characteristic; these, all admit, are of the most importance. These being relieved, those which are sympathetic will of course disappear. We have checked vomiting, subsultus, &c., with cantharides immediately, but the primary difficulty in the case was irritation of the bladder, the other symptoms arising from the excessive irritation and pain. So it is often in other diseases. Again, "There are maladies presenting symptoms *not complicated*, yet of such a nature that no drug can be found which will cause like phenomena; consequently Hahnemannism affords no relief for them. As examples, uterine hemorrhage, incarcerated hernia, biliary calculi," &c.; and he might have added, shingle nails in the stomach, fracture of the femur and pregnancy. This leads me to a point that needs comment. Does Dr. L. suppose that when he administers morphine in neuralgia, or arsenic in a cutaneous eruption, their operation is the same as that which would be appropriate for incarcerated hernia, or biliary calculi? What are his ideas of the *modus operandi* of medicines? Our brethren who claim all the wisdom, and write against homœopathy, although they may admit its value in neuralgia, scarlatina, dyspepsia, fever, &c., still say it is an exclusive system; it is not appropriate to all cases. This depends upon the view that is taken. Although minute doses of medicine, when accurately and appropriately applied, acting on the vital organs, will relieve speedily and effectually acute and chronic disease, such as fevers, inflammations, neuralgias, dyspepsias, &c., it does not follow, as some are foolish enough to claim it ought, that they will relieve strangulated hernia, or reduce a fracture, or neutralize an ounce of acid in the stomach. Now the business of the medical practitioner is to relieve all diseases and accidents. The means by which he operates may be divided into three classes: 1st, *mechanical*;

2d, *chemical*; 3d, *vital.* Under the first head we comprise all operative surgery. Under the second, everything that operates chemically. These operations are entirely distinct from the other, far below it, as it were, and may as well be performed on the dead body as the living. It is vital medicine, only, to which homœopothy is applicable, and it has always been so; that alone which can be effected by the aid of the vital power, we claim as essential to the operation of minute doses. But it is *as* necessary in large doses in allopathy. It seems to me that this distinction should be kept in view, and then the notion of an exclusive system would not appear like such a mighty bugbear. This is no new doctrine. Hahnemann is continually talking about removing the cause *(tolle causam)*, such as foreign substances in the system, adjusting the parts, whether in the bones or muscles, neutralizing acids with alkalies, &c., and it is always presumed to be so understood. There may be some cases which are intermediate between the mechanical and vital, such as emptying the stomach and bowels of foreign substances, checking uterine hemorrhage by contraction of that organ, and others requiring their appropriate means of relief. Dr. L. says, "I could continue my objections to this theory until I had exposed every position Hahnemann has assumed, but I have not time to pursue it further," &c. A sad misfortune for all coming generations that he has not a little more time, for if he can do this he certainly has an opportunity of handing his name down to posterity; and if it is the thing he supposes it to be, and the members of our profession are continually adopting it, we think he is in duty bound to do it. He may be sure his homœopathic brethren will not interrupt him; they may just keep him on the track!

Dr. L. closes with some remarks on aconite. He calls it an acrid diaphoretic, &c. Very well. How does it operate? This has been a question. It is generally known that this is a prominent remedy in entonic diseases in homœopathic practice. But then the dose—it troubles our brethren to understand, when it takes one or two grains to produce perspiration and relieve fever, how a minute dose will do the same, and that, as David Crockett said, "*without a scratch*"! Now this is all true. My impression is that aconite operates especially upon the capillary system, relieving the congested vessels, or whatever it is, in a high fever with a hot dry skin, and we get no perceptible effect from a minute dose unless the above state exists, the system being not susceptible to it. Not so exactly in a large dose, for the system will *feel* this at any rate; but still there is less difference, after all, when everything is taken into the account. Many of our extracts contain much inert matter, and then the manner of administration is different. We believe if Dr. L. would use doses much less, properly prepared, he would find effects from them, if his other means did not interfere.

The only way that homœopathy can be judged of, is by testing it, and that, too, by its own principles. The idea that everything is known in regard to it, before a critical examination of it is made, never will be believed, nor should it be, as it is contrary to the established custom in regard to every practical scientific subject, and to the dictates of common

sense. There is too much prejudice in the medical profession. Because there are uncertainties, and things at first do not appear exactly to our minds, we should examine critically; then if the fundamental principles of homœopathy can be refuted, let it be so. Our brethren are anxious to improve medical science, no doubt; the better treatment of many diseases is desired; the use of arsenic, mercury, &c., so as not to get unpleasant effects—but if by laborious research this is done, if it fall under a system which may have made some extravagant claims (and what system has not), it is immediately disposed of by one word (humbug). A physician, no matter what his standing may be, if connected with that system, is immediately *expelled* from a medical society, if he belongs to one. This, we say, is wrong, and it is so held, I admit, by all enlightened members of our profession. Yet it has ever been so. There was more bitter hostility manifested against Dr. Boylston, in Boston, for advocating inoculation, a century ago, than there ever has been against homœopathy. That was more ridiculous then, than this is now—but the fact of protection by inoculation was as true then as it is now, though perhaps not as well explained. DANIEL HOLT, M.D.

Lowell, February, 1845.

EMETICS IN LARYNGITIS.

[Communicated for the Boston Medical and Surgical Journal.]

LARYNGITIS is one of those formidable diseases which are well calculated, in their nature, to excite alarming forebodings on the part of the patient, and much anxiety and solicitude on the part of the physician and friends.

When we consider the importance and nature of the parts affected, the activity of inflammatory action, the alarming symptoms exhibited, and the too often speedy and fatal termination of the disease, we shall not wonder that it excites so much dread and alarm in its progress.

Fortunately for us, and for mankind, this disease is not of very common occurrence. Although I have been called upon to treat two or three cases of this kind within the last four years, still I find that there are many physicians, whose practice has been more extensive than my own, who have not had, in the same length of time, one case of acute, idiopathic laryngitis.

This disease requires active treatment. Free bloodletting, both general and local, is most generally indicated. But there are cases, when venesection, to any considerable amount, is certainly inadmissible. The question then arises, what is the next best plan of treatment? In order to answer this question, I will give the history of a case that occurred in my practice a few months since.

I was called, some time in last November, to see Miss W., æt. 28, who I was told was very ill. I was somewhat astonished at receiving such a message, as I had seen her a few hours before, and she was then enjoying her usual health, with the exception of a slight hoarseness. On my arrival, I found the windows and doors of the apartment thrown entirely

open, although it was very cold and unpleasant without. I found Miss W. sitting in an upright posture, her feet in warm water, and supported on either side by an assistant, while she was laboring and panting for breath. Every inspiration caused a convulsive effort, which very much agitated her whole body. I found her pulse from 95 to 100, fuller than natural, but not hard; extremities cold, tongue slightly coated, and an entire loss of voice. There was a total inability to swallow, except *occasionally* a few drops of cold water; almost constant cough, with a peculiar harsh, husky, stridulous sound; face flushed, eyes prominent, with a general distressed and anxious countenance.

Here, certainly, was a formidable array of symptoms, which required immediate relief. Bloodletting was not in this case to be thought of, as Miss W. was of very feeble health, suffering continually from congenital disease of the heart, which, impeding the circulation of the vital fluid, and impairing the digestive and nutritive functions, left the system well fitted for a host of neuralgic affections, "weaknesses," and anemia, from which such patients always suffer. As I did not think it best, under these circumstances, to open a vein, I next endeavored to apply leeches to the throat; but having none, except the domestic kind, and the motions of the patient being so great, caused by the difficulty of breathing, I could not succeed in making them work to advantage. I next thought that I would irritate the throat smartly; but I found that had been already done to vesication, before my arrival. I then had no alternative but to treat the case with emetics. I therefore, with much difficulty, got my patient to swallow three or four grains of the turpeth mineral, which very soon excited nausea and vomiting; equalizing, in some measure, the circulation, besides producing a moderate perspiration and a constant and copious flow of ropy saliva from the mouth. This treatment relieved some of the most urgent symptoms, and we were now enabled to make the leeches work to our minds. We afterwards kept up smart counter-irritation, and had the extremities kept warm by sinapisms, hot flannels, &c. Gave her sanguin. Canaden. pulv., gr. iij.; ipecac. pulv., ij.; sub. mur. hyd., gr. j.; this dose to be given once in three hours. Under this treatment, slightly varied, our patient gradually recovered. And let me say here, that Miss W. had the same disease some two years since, when the same mode of treatment was adopted with equal success.

I know that there are objections to giving emetics in this disease; and I should not *rely* upon them as primary remedies, except in those cases where venesection is inadmissible.

I should also give them in those cases where general and local bloodletting fails (as it often does) of giving decided relief. I should then prefer the turpeth mineral to any other drug, from its *known good effects* in relieving engorgements, and subduing inflammation in these important organs. Sanguinaria, too, I think much of, from the influence it often has over diseases of the throat and bronchial tubes; it should generally, however, be combined with ipecac. and sub. mur. hyd., or with tart. ant. potas., as the case requires.

J. D. MANSFIELD.

South Reading, February 7th, 1846.

DEATH FROM INOCULATING WITH MATTER FROM AN ULCER SUCCEEDING THE VACCINE VESICLE.

[Communicated for the Boston Medical and Surgical Journal.]

On the fourteenth day from vaccination, when there was no vaccine matter present, but a foul secretion, this fluid was taken by needles, and inserted into the arms of two children by their mother or some one present. The operation was performed on the 29th of Sept. at 8½ o'clock, A. M. At 8 o'clock, P. M., both were taken ill suddenly, with much restlessness and great heat, the same symptoms in both. At 10 o'clock, P. M., symptoms somewhat worse; but the parents thinking they would soon be better, no medical aid was called until 2 o'clock at night, fourteen hours after vaccination, as they termed it, when the infant, 18 months old, became convulsed. Dr. Allen, of this city, being near, was called in. Spasms continuing, at 8 o'clock, Sept. 30th, I met Dr. A., and we continued in attendance till 10½ o'clock, when it expired, twenty-six hours after inoculation. The virus corroded through the true skin in this short period, and arm swollen.

The other child, about 4 years old, continued very sick; arm swollen, red and painful, with a white ulcer, evidently extended through the true skin. There was no vaccine vesicle or scab, or anything like it, formed on the arm. The ulcer continued to discharge until about the 10th of January, 1846; and on the 19th of January, the last scab fell off, leaving an unsound appearance, and a hardness in the cellular membrane beneath. It is evident that a virulent poison was introduced into the arms of these children.

Daniel Mowe.

Lowell, Feb. 5, 1846.

THE BROCCHIERI STYPTIC OUTDONE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Permit me to tax your sympathies in a most distressing situation, one indeed that is truly painful to every benevolent heart. Within a few weeks our highest hopes have been excited by several excellent individuals, moved alike by scientific and philanthropic zeal, to test the value of a priceless blessing, and when its powerful and surprising qualities were placed beyond a doubt, it was discovered, alas! to be too costly for general use. I allude to the aqua Brocchieri. I am satisfied your irreverent incredulity would never have appeared, had you been animated by a truly scientific zeal. Under these circumstances, convinced of its efficacy, and yearning in my inmost bowels to advance the interest of science and humanity, let me urge upon all the humane physicians to prepare immediately a remedy of far superior worth, viz., the balsam of Fierabras, whose magic powers are so graphically set forth in the second volume of Don Quixotte. Its operation upon that bright mirror of chivalry and his faithful squire should convince the most incredulous.

Fearing that some of your readers may not have immediate access to the work, I quote from the first volume, Williams's Exeter Edition, 1838.

New York, Jan. 24th, 1846. Yours truly, E. H. Dixon.

"What I beg of your worship, says Sancho, is that you would let your wound be dressed, for there comes a good deal of blood from that ear; and I have here some lint and a little white ointment in my wallet. All this would have been needless, answered Don Quixotte, if I had bethought myself of making a phial of the balsam of Fierabras; for with one single drop of that we might have saved both time and medicines. What phial and what balsam is that? said Sancho. It is a balsam, answered Don Quixotte, of which I have the receipt by heart, and he that has it need not fear death, nor so much as think of dying by any wound. And therefore, when I shall have made it, and given it to you, all you will have to do is, when you see me in some battle cleft asunder (as it frequently happens), to take up, fair and softly, that part of my body which shall fall to the ground, and, with the greatest nicety, before the blood is congealed, place it upon the other half that shall remain in the saddle, taking especial care to make them tally exactly. Then must you immediately give me to drink only two draughts of the balsam, and then you will see me become rounder than any apple."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 18, 1846.

Vaccine Aphorisms.—Some very excellent observations have recently appeared in the New Hampshire Patriot, on the value of vaccination and the signs by which its perfect condition and protective influence may be known. The article was one that would have been creditable to any practitioner, and should, therefore, have had its place in a medical journal, where it would have been seen by five hundred practitioners where it is now noticed by one. The concluding aphorisms so entirely meet our individual views, that we have transferred them to our own pages—regretting, at the same time, that it is impossible to give credit for them to the close observer from whom they emanated, as he has concealed his name under the no-meaning signature of T.

1. A "scar" of the cowpox, having all the characteristic marks, and perfectly distinct, is not to be relied upon as an evidence of certain protection, unless proved by re-vaccination.

2. *Complete* vaccination forever secures an immunity to the individual from infection of the smallpox, varioloid, and from specific effects of cowpox.

3. In primary successful vaccinations, there is little evidence of the operation of the virus, before the fifth or sixth day, while in subsequent vaccinations, if the first be *complete*, there is speedy inflammation and itching, and the whole disappears at about the time that the first should distinctly appear.

4. The most rigid scrutiny is requisite in the selection of matter, that it be collected at the right period of the vesicle, and from individuals of

robust health, free from any cutaneous or other disorders, and of these conditions, the physician is the only competent judge.

5. Cutaneous diseases (as perhaps visceral and other disorders), seriously modify the character of the genuine vaccine affection, both as it regards the purity of the virus, for transferring the disease, and also the degree of security afforded the vaccinated, in consequence of impaired susceptibility.

6. *Re-vaccinate in all cases*, and repeat the operation so long as it specifically affects the system.

Smallpox in a Cow.—The possibility of communicating any of the diseases to which man is incident, to the lower animals, would not meet with much favor from medical philosophers. However, a gentleman of close observation, who resides in Iowa, has favored us with the following circumstances.

"The enclosed [a crust] is the scab from a yearling calf that has had the smallpox. That disease broke out in a family residing about twelve miles from Burlington, some five weeks ago. They all had it, and two of its members died. A cow and calf were in the habit of coming round the door of the house—drank the water in which the family washed, smelt the clothes that were cast off by the sick and thrown out, and also inhaled the infection, and took it. Our physicians held a consultation over them two days ago, and pronounced it to be the genuine smallpox. They were not informed of the fact until it was so late that they could hardly tell whether the scabs were primary or secondary. [The specimen is evidently of the latter kind.] There were some two hundred pustules on the calf, about the head and legs, and more on the cow. Some thirty persons were vaccinated with a scab from this source, in this town, but sufficient time has not elapsed to develope its true character."

At Rainsford Island, in Boston harbor, where cases of smallpox abounded for half a century, when not permitted to exist anywhere in the city, no way could be devised by which the matter from the most virulent form of smallpox, would show any effects whatever on cows, oxen, dogs, cats or horses.

Looking into Hydropathy.—A medical gentleman belonging to Lynn, Mass., now in England, is writing a series of letters home, which are published in the Pioneer, descriptive of what he sees and feels. It is lamentable that a man of such intelligence as the articles indicate, could find no more elegant or euphonious signature than that of *Noggs*. There is a kind of vulgar tang to it, that might induce some to pass over the communication with the idea that whatever was written by Mr. "Noggs" was of very little importance. Among other things that were new or strange to him, he has been examining a celebrated hydropathic establishment called Stansteadbury House, conducted by one Dr. Edward Johnson. No doubt need be entertained, after reading his account of this institution, that a water-curing hospital will grow up in the rural town of Lynn, on the return of Noggs. He probably never would have devoted so much labor to the details of Dr. Johnson's process and scientific views of the mode of being medicated with cold water, had he not cogitated upon a plan of imitating the Stansteadbury concern, immediately on reaching

home. His candor in the following paragraph shows that he is not quite insane upon the curative properties of water, however strong his faith may be in Dr. Johnson's tact at making converts.

"The opportunity generously offered me by Dr. Lawrence for increasing my surgical knowledge is not to be had everywhere. Cold water, though it works miracles in its way, won't divide tendons, or amputate limbs, or reduce fractures and dislocations. I have stopped going to places of amusement, and spend all my spare change in books. 'A few brains to begin with would be better,' perhaps some of my Lynn brethren would say; but brains, after all, are not absolutely necessary to get business, as the case of many a doctor will testify."

State Prison Discipline.—One of the State Prison documents published by the Massachusetts Legislature, the present session, contains the annual report of the Board of Inspectors. It is evident that the critical observations of the author of "*Remarks*," &c., does not at all please the gentlemen—and the wonder is that they do not resent the observations made upon the establishment at Charlestown, more spiritedly, since they are undoubtedly right. One of the strongest arguments for sustaining the inspectors in the public estimation, is quoted as follows from their language to the Governor and Council—"And the health that prevails among the convicts, and has for years past, and which from some cause, we have reason to apprehend is not surpassed, if it is equalled, in the history of similar institutions, is evidence, among others things, of the care and attention which this department of duty receives."

As far as possible, the law of kindness is predominant in this prison; but the inspectors have that old kink in their heads, that "*corporeal punishment must at times be inflicted.*" A little flogging is mere pastime, some people seem to think, by way of keeping up wholesome parental discipline. It has been a grievous mistake in the legal lookers-on at the Charlestown Prison, thus to perpetuate the disgraceful punishment by the lash. Nothing is more extraordinary in the history of these institutions, than that the barbarous infliction of the cat or whip should be still persisted in, contrary to the dictates of humanity, to reason, and the benevolence of a christian age. There are no worse convicts at Charlestown, we presume, than at South Boston; yet a blow is never struck in the House of Correction there, nor is one ever required for the maintenance of order in general or the control of an individual. We have a distinct recollection of the doctrine advocated by an officer of the State Prison, some years since, when we contemplated raising an inquiry, in the Legislature, in relation to flogging the convicts. A holy vocation, in most cases, make the heart tender to the physical sufferings of man, even in the lowest depths of degradation.

We pray that Providence may raise up a Miss Dix, to ring this matter in the ears of those who inflict or sanction this cursed system of prison discipline, till it is abrogated forever, as a sin and a blot on the civilization of these United States.

Diagnosis of Diseases of the Heart.—This promises to be an important guide, although there is no display or extra exertion manifested

by the translator to make the reader think better of it than the work actually merits. Dr. Felix Audry, ex-chef de clinique at the Hospital of La Charité, was a close observer. Less is known of him here than might have been supposed, when one recollects the troops of medical students who are annually returning from the schools of France, laden with the rich discoveries and researches of the medical philosophers of Paris.

"This Manual," says the author, "is addressed both to physicians, who will find in it a series of clinical observations, verified by *post-mortem* examinations, which will prove to them to what degree of precision pretends the diagnosis of diseases of the heart; and to students, who, in this Manual of Diagnosis, will learn how those practical results are arrived at, which constitute the real victory of modern clinical observation." The translator is Samuel Kneeland, Jr., M.D. We thank him for his efforts to extend the influence of this excellent book. There is no lack of *heart literature*, as understood by medical men, but much of it is too massive and too costly. It is a matter of more consequence than all are willing to acknowledge, to have text books, or, as they are appropriately called, *hand books*, those necessarily consulted frequently, with little opportunity for reading deliberately, as expressive and yet concise as possible.

Clinical researches, with a view of assisting in the diagnosis of the organic diseases of the heart, is a sensible article. The first part extends from the 12th to the 148th page. Part second embraces practical applications of the diagnosis of diseases of the heart, to their treatment. Without dwelling on the fact, that this is just what every one should have who prescribes for human maladies, it is also to be carefully studied by those who are preparing for the duties of a general medical practitioner.

We are surprised that Dr. Kneeland did not think to insert an index to this work, as it is exceedingly difficult to find anything without turning over leaves from beginning to end. Messrs. Ticknor & Co. will please remember, in the next edition, that an index is as indispensable in this instance, as a sign on their own ware-house. Being published in this city by T. & Co., copies may be readily procured.

Family Regulator.—A circular is extensively circulated, post-marked at Rochester, N. Y., giving notice that a certain instrument may be had in that city, the object of which is, to prevent the too great multiplication of the human race—and therefore called the *family regulator*. It is disgraceful to the age, to the country, and to the city from whence the circular emanates, that such an infamous, wicked proposition should be made to the ignorant or the abandoned, as this travelling advertisement so fearlessly announces. The grand jury would confer a favor on society by indicting every agent employed in the sale of this monstrous device for secret murder. Under the plausible pretext of preserving the health of mothers—and there is not a particle of truth in a single argument brought forward in the circular, to justify a resort to that most abominable of all operations—a broad-spread snare is laid for profiting by the credulity, avarice and depravity of unprincipled men and women.

Southern Journal of Medicine and Pharmacy.—By some mishap, the first No. of this new Journal, from which extracts were taken on its ar-

rival, has been mislaid for some weeks. On its re-appearance, we have been looking into the plan the editors propose in the management of their enterprise. They evince industry, the first element of success, and from the variety of topics introduced, it is certain that nothing escapes their vigilant eye that promises to be of any immediate importance to their patrons.

The Southern Journal of Medicine and Pharmacy is to appear at Charleston, S. C., every second month, at four dollars a year, payable in advance. The editors are J. Lawrence Smith, M.D., and S. D. Sinkler, M.D. There is talent enough in the Southern States to give this newly projected periodical a high character. Any services in our power to facilitate the business operations of the Journal, are cheerfully tendered.

Clairmativeness.—A clergyman somewhere near Poughkeepsie, N. Y., has started off at a tangent with a new name for an old thing. The ass, however, was still an ass, when concealed in a lion's skin. This is nothing but the old imposition of animal magnetism, with elegant fixtures. It means *clearly reversed*—or, in other words, the magnetic state is a state *clearly reversed* from the natural, says Mr. Fowler. Under the new title, the soul has been seen by a boy. Hear him. "Mind is magnetism. It is produced or rather formed in the brain by means of the five senses, as we showed in our first lecture. It is then life—pure intelligence, that breath of God which he breathed into man when he became a living soul." Another mad house will soon be needed in the Empire State if this philosopher lives.

Progress of Population in the United States.—A writer in Mr. Hunt's Merchant's Magazine, says that we shall have, in the census of 1850, a population of 10,930,000 in the Atlantic portion of the States. Allowing the increase of the whole United States to be the same as hitherto—that is, at the rate of one third for every ten years—we shall have for our entire population, in 1850, 22,760,000; from which, deducting the Atlantic portion of 10,930,000, there remain for the West, 11,830,000; or a majority of 9000. The ratio of increase has been, in two decennial periods, over 100 per cent.; in one of them, 70 per cent.; and in only one has it fallen below 50; while for the preceding ten years, it exceeded 100. No one denies that the causes which have hitherto so rapidly swelled the population of the vast region of the West, are for the most part still in operation. After 1850, it is assumed that the population of this country will have its centre west of the mountains.

Personal Beauty of the Georgians.—Dr. Parrot's Jaunt to Ararat abounds with curious observations on the character, habits and every-day appearances of the people met with on the tour. In speaking of the Georgians, he thus remarks. "The personal beauty of the Georgians would naturally attract the attention of Europeans, and secure a lively interest in their favor, if their intellectual condition were only in keeping with their outward bearing. The Georgian would win the esteem of all the world, did he but unite, with the symmetry of his person and the

energy of his character, a taste for useful occupation and the laudable improvement of the faculties of his mind; while the women of Georgia would be admitted on all hands to have just claims to the possession of the highest order of female loveliness, did they not prematurely impair the advantages which nature has so lavishly bestowed upon them, by the immoderate use of cosmetics, of apparel prejudicial to their health, and by their reckless licentiousness, instead of directing their thoughts to the regulation of their households, to economy, cleanliness, the education of their children and the other duties proper to their sex."

New York State Lunatic Asylum.—Dr. Brigham, in his Third Annual Report, states that at the beginning of the past year the number of patients at the Asylum was 260; admitted during the year, 293; total numin the course of the year, 553. Of this number there have been discharged, recovered, 135; improved, 78; unimproved, 34; died, 21. Total discharges during the year, 268; remaining in the Asylum Nov. 30, 1845, 285. Of the patients discharged improved, he remarks—

"Among the improved, we have classed a considerable number who were nearly well when they left. Several of these we have since learned have continued well. It is occasionally very difficult to decide when a person who has been affected by insanity, has entirely recovered. Some appear to be well soon after they come to the Asylum. Removed from their cares and troubles, and the exciting causes that tend to perpetuate their mental disorder, they become calm and rational; yet such are very apt to relapse if they return early. But others become nearly well at an asylum and then remain stationary. They cannot be considered entirely recovered, as they remain irritable or eccentric; yet not unfrequently such persons recover on returning home. We have known many instances of this, and the present year several striking cases of the kind have come to our knowledge. While, therefore, as a general fact, patients are apt to be removed too soon from an asylum, some we are convinced are kept longer than is necessary. But as we have said, it is difficult always to discriminate correctly; though we are in favor of giving a patient who has nearly recovered, and then remains stationary several months, a trial at home."

Lithotomy.—Prof. J. M. Bush, of Lexington, Ky., in a paper on this subject in the Western Lancet, thus speaks of Professor Dudley's unparalleled success in the performance of this operation.

"The American Lithotomist has had presented to him 188 subjects, 185 of whom have been operated upon; two did not obtain the use of his knife, because both, an reaching Lexington, had already felt the wearing-out influences of large calculi to such a degree, that they survived but a few days. One at the time was undergoing preparation for the operation. Here, then, is a large number of calculous patients, of all ages, and both sexes, coming to Prof. Dudley from every quarter of the widely extended range of the Mississippi valley; and I have seen patients who were in this list the subjects of such intense agony, with purulent and sanguineous discharges from the bladder, indicating, without any reasonable doubt, the extensively ulcerated state of that organ, so far relieved by the medical treatment, with a view to the operation, that they were almost willing to return home without this unconditional and final remedy.

"These facts render it necessary to correct the impression of Dr. Willis, that Prof. Dudley is *remarkably select* in his cases for the knife; and it is important for the profession to understand, that his success depends chiefly upon the principle—which he more extensively recognizes than any surgeon living or dead, with whose history I have an acquaintance—of the *thorough preparation of the general system preparatory to the operation;* an account of which is detailed in my former paper on lithotomy.

"It is not, then, that he selects the favorable cases from among the unpromising, and thus secures his extraordinary success; but he receives *all*, and according to the necessities of individual cases, they receive his services as physician previous to his operative treatment as surgeon. In these principles, are based his unprecedented triumphs in all his operative surgery; and, recognizing the same rules, every surgeon might promise the same success to that afflicted class of patients who are the subjects of stone in the bladder."

Medical Miscellany.—At the commencement at Geneva, N. Y., Medical College, addresses were made by Dr. Webster, of Rochester, N. Y., and President Hale.—The U. S. Marine Hospital funds for the support of the institution at Newport, R. I., are represented to be entirely exhausted.—Dr. Lewis, Marine Hospital surgeon, Mobile, is preparing a history of medicine and the condition of the science in that section of the country.—Mrs. Zebra Pollard recently died at Halifax, at the age of 114 years.—Dr. Parrott, professor of Philosophy in the University of Dorpat, whose account of his Journey to Mount Ararat has just been published in London, says that the Kalmuk tribes, with which he fell in, "make no use of vegetables whatever, not even of the herbs of the steppe, or of fruits, but subsist entirely on animal food."—It is strange that copies of the Pocket Atlas of the descriptive anatomy of the human body, recently republished by the Harpers, of New York, from the Paris edition, is not to be had in Boston.—Preservation of Health, by Dr. Warren, has gone to another edition.—Dr. J. W. Monette, of Natchez, has a history of the Mississippi Valley, nearly ready for the press.—Jacob Sax, of Gilboa, N. Y., died in consequence of running a sliver under his thumb nail.

MARRIED,—At Glen, N. Y., Dr. W. H. Biggam, of Charleston, to Miss Anna H. Paulison.

DIED,—At Helena, Arkansas, Dr. Jenniper, killed by a Dr. Grant.—At Bladensburg, Dr. David Johnson, of Elizabeth City, N. C., killed in a duel.—At Laporte, Indiana, Mr. Henry Flint, a medical student, of Fayetteville, N. Y. The medical class of the University, together with the faculty, attended the funeral in a body.—At Copenhagen, Dr. Christian Fenger, Director of the Royal Academy of Surgery, Chief Surgeon of the King of Denmark, and author of many professional works.

Number of deaths in Boston, for the week ending Feb. 14, 47.—Males 27, females 20. Stillborn, 6.
Of consumption, 8—smallpox, 4—croup, 3—infantile, 5—inflammation of the lungs, 3—inflammation of the stomach, 1—inflammation of the bowels, 1—scarlet fever, 1—throat distemper, 1—childbed, 2—dropsy on the brain, 1—dropsy on the chest, 1—lung fever, 5—old age, 1—disease of the liver, 1—convulsions, 2—disease of the heart, 1—erysipelas, 1—apoplexy, 2—hooping cough, 2—accidental, 1.
Under 5 years, 22—between 5 and 20 years, 3—between 20 and 60 years, 15—over 60 years, 7.

The Bloomingdale Asylum for the Insane.—From Dr. Pliny Earle's last Annual Report we make the following extracts.

"The year was commenced with 104 patients, of whom 54 were males and 50 females. Since that time, 138 cases, of which 71 were males and 67 females, have been admitted, making the whole number of cases under treatment during the year 242, of which 125 were males and 117 females.

"One hundred and thirteen cases—58 males and 55 females—have been discharged. Seven males and 5 females have died, leaving now in the Asylum 117 patients, of whom 60 are males and 57 females.

"Of the cases discharged, 61 were cured, 12 much improved, 20 improved and 20 unimproved, being discharged at the request of their friends.

"The admissions in 1845 were 30 per cent. greater than in 1844, and 62 per cent. greater than in 1843. Notwithstanding this important increase, the deaths have been fewer. There were 14 in 1843, 13 in 1844, and 22 in 1845.

"The number of patients admitted during the past year, as compared with the annual admissions for several of the preceding years, being assumed as the data upon which to found an opinion, the necessary inference is, that mental disorders are increasing. Whether the increase be in a greater ratio than that of the population of the city and its adjacent country, is a proposition which cannot easily be demonstrated. However this may be, it is an unquestionable fact, that the exciting causes of mental alienation were never, in time of peace, more active, among any people, than at the present day among the inhabitants of the United States; and particularly so in the States which, bordering on the Atlantic, were the earliest peopled by European emigrants.

"Intoxicating liquors are so cheap that the labor of a few hours will procure enough to addle the brain for a week, and prevent the healthy exercise of reason perhaps a much longer period. The avenues to wealth, place and power are open to all; the child of the cottager thus entering into the strife of competition with the son of the most wealthy citizen. The progress of civilization and refinement, and the comparative ease with which the products of both nature and art in every quarter of the globe are here obtained, have a direct tendency to foster a luxurious life. Hence human desires and human wants are greatly multiplied, while both mind and body are exerted to the utmost power of endurance to gratify the former and supply the latter. The almost unavoidable effect of the artificial mode of living thus produced, is either a debility of the system, or an augmentation of nervous excitability, either of which facilitates the invasion of mental disease."

Suicide, when does it Vitiate a Policy of Life Insurance?—It seems to us, that the phraseology of the policies of our different life insurance companies is not sufficiently precise and definite to prevent difficulties, in all cases of self-destruction. That, for example, of the "Mutual Benefit Life Insurance Company," of this city, reads thus, "or, in case he shall die by his own hand." Now, suppose a person kills himself in a fit of insanity or delirium tremens, is the policy void, or will the company expect to pay? A case of this kind has recently been litigated in England, and it was decided, very properly we think, that the act of suicide did not make the policy void.—*New York Journal of Medicine.*